MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		✓				51							
2		1		1			52							
3		1		1			53							
4		3		1			54							
5		1		1			55							
6		1		1			56							
7		1		1			57							
8		1		1			58							
9							59							
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12							62							
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14							64							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	1	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.			7				TOTAL DEP.							
TOTAL CLAIMS			8				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)